

### Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| Filer Identification Number  | Report Filed B   | Sy Candida                                 | te  | Committee   | X  | Lobbyist                         |
|--|--|--|---|---|--|----------------------------------|
| Name of Filling Committee, Candidate or<br>Lobbyist  | Friends to Elect I                                     | Friends to Elect Kirk McCaslin             |   |   |  |                                  |
| Street Address   | 4737 N Wayside   | Dr   |   |   |  |                                  |
| <b>City</b> Erie   |  | State                                      | Ра  | Zip Code 1650   | 5  |                                  |
| Type of Report (Place x under report type)   |  |  |   |   |  |                                  |
| 1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day P<br>Pre-Primary Primary Primary   | ost 4- 6th Tuesday<br>Pre- Election                    | 5- 2 <sup>nd</sup> Friday<br>Pre- Election | 6-30 Day Post<br>Election   | Tall the state of | ial 2 <sup>nd</sup> Friday<br>Election             | Special 30 Day Post-Election     |
| Date Of Election (MM/DD/YYYY) 05/06/201  | Year<br>7  | 2017                                       | Amendment<br>Report   | Terri<br>Rep  | nination   |                                  |
| Summary of Receipts and From Date Expenditures 06/06/20  |  | e<br>1/31/2017                             | (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4  | For Office  | Use Only   |                                  |
| A. Amount Brought Forward From Last Rep  |  | 2,595.73                                   | THE REPORT OF THE PROPERTY OF |   |  | 2                                |
| B. Total Monetary Contributions and Rece<br>(From Schedule I)<br>C. Total Funds Available  | pts \$   | 0  |   |   |  | PM 12: 15                        |
| (Sum of Lines A and B)  D. Total Expenditures  | S  | 2,595.73                                   |   |   | 1.7  | 22 OX                            |
| (From Schedule III)<br>E. Ending Cash Balance  | \$   | 2,595.73<br>                               |   |   |  |                                  |
| (Subtract Line D from Line C) F. Value of In-Kind Contributions Received   | \$   | 0  | ł   |   | NOTARIA  | F PENNSYLVANIA<br>L SEAL         |
| (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)  | \$   | 0  |   | · My Con  | nice M. Cole, l<br>illcreek Twp.,<br>imission Expl | Erie County<br>res March 9, 2021 |
|  | r a compression of                                     | Affidavit Se                               |   | MEMBER, PI  | ENNSYLVANIA AS:                                    | SOCIATION OF NOTARIES            |
| Part 1- If this is a <b>Committee</b> report, treasurer signs wear (or affirm) that this report, including the   | gn here. If this is a <b>Ca</b>                        | ndidate report, c                          | andidate sign here.   | dge and helief true. co   | rrect and comple                                   | ete.                             |
| Sworn to and subscribed before me this day of February 2018  Auru Signature  My Commission expires 03 - 09 - 2  MO. DAY  |  | -<br>-<br>-                                | Signature<br>Wi CL 11<br>814<br>Area Code   | of Person Submitting Am BRA Printed Name 873  | roka_  |                                  |
| Part II- If this is a report of a Candidate's Author I swear (or affirm) that to the best of my knowle amended.  | <b>Ized Committee</b> , cand<br>dge and belief this po | didate shall sign h<br>ditical committee   | ere.<br>has not violated an   | y provisions of the Act   | of June 3, 1937                                    | (P.L. 1333, NO.320) as           |
| Sworn to and subscribed before me this  Stay of Thomanyo 18  James Market Marke | <u>.</u>   | -<br>-                                     | KIRK SIE<br>BYY   | pature of Gandidate Printed Name  | N<br>H<br>+ 9609                                   | <br><br>3'                       |
| MO. DAY YE   | <b>R.</b>  | •  | Area Code   | •   | elephone Numbe                                     |                                  |

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL

Janice M. Cole, Notary Public
Millcreek Twp., Erie County
My Commission Expires March 9, 2021
MEMBER, PENNSYLVANIAASSOCIATION OF NOTARIES

## SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

| Filer Identification Number   |  |
|---|--|
| Eliet tachtilication Mailtact   |  |
| ■特殊 医乳化物 医二乙酰苯酚磺胺酚 电电流放射  |  |
| \$1.00mm \$1000 \$1.00mm |  |
| けいはんば ひらいしょうさい ちゅぶい おおしょぎ   |  |
| 近点了洗涤量80%中不可以 1000元 <u>年增能区的</u> 为  |  |
|   |  |
|   |  |
|   |  |

|   |  |            | TO SEE THE SECOND SECON |
|---|--|------------|--|
| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor   | reigh<br>Leigh                         |            |  |
| Total for the reporting period  | (1)                                    | \$         |  |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)  | ************************************** | 9 0<br>6 9 |  |
| Contributions Received from Political Committees (Part A)   |  | \$         |  |
| All Other Contributions (Part B)  |  | \$         |  |
| Total for the reporting period  | (2)                                    | \$         |  |
| 3. Contributions Over \$250.00 (From Part C and Part D)   |  |            |  |
| Contributions Received from Political Committees (Part C)   |  | \$         |  |
| All Other Contributions (Part D)  |  | \$         |  |
| Total for the reporting period  | (3)                                    | \$         |  |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E  |  |            |  |
| Total for the reporting period  | (4)                                    | \$         |  |
| Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, R Cover Page, Item B) | eport                                  | \$         |  |

#### PART A

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

|                                       |  |  | Ar  | mount       |
|---------------------------------------|--|--|---|-------------|
| Full Name of Co                       | ntributing   |  | Date [MM/DD/YYYY] \$                                  |             |
| Committee                             |  |  | (2.1 )<br>(2.1 )<br>(3.1 )                            |             |
|                                       | And the state of t |  | Date [MM/DD/YYYY] \$                                  |             |
| House #                               | Street Address   |  |   |             |
| <u> </u>                              |  | J  | Description of the second                             |             |
| City                                  | State  | Zip Code   | Date [MM/DD/YYYY] \$                                  |             |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | The State of |  | n. 22 Fees a free honored                             | <del></del> |
| Full Name of Co<br>Committee          | ntributing   | _  | Date [MM/DD/YYYY] \$                                  |             |
| House #                               | Street Address   |  | Date [MM/DD/YYYY] \$                                  |             |
|                                       |  |  |   |             |
| City                                  | State  | Zip Code   | Date [MM/DD/YYYY] \$                                  |             |
|                                       |  |  |   |             |
| Full Name of Co                       | ntributing   | A September 11 Sep | Date [MM/DD/YYYY] \$                                  |             |
| Committee                             |  |  |   |             |
| House #                               |  |  | Date [MM/DD/YYYY] \$                                  |             |
| vu3C #                                | 20.00¢ FMM: 633  |  | <u> </u>  |             |
| CINCIPAL                              | State  | Zip Code   | Date [MM/DD/YYYY] \$                                  |             |
| City                                  | State  | apcode   |   |             |
| Full Name of Co                       | intelluting %  |  | Date [MM/DD/YYYY] \$                                  |             |
| Full Name of Co<br>Committee          | **************************************   |  | 15. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10            |             |
| House #                               | Street Address   |  | Date [MM/DD/YYYY] \$                                  |             |
|                                       |  |  |   |             |
| City                                  | State  | Zip Code   | Date [MM/DD/YYYY] \$                                  |             |
|                                       | Jidt   |  | <u>                                    </u>           |             |
| CELLAR MARKET                         | Aggregityssesses of  | 14 (48.486. 19.876)  | Date [MM/DD/YYYY] \$                                  |             |
| Full Name of Co<br>Committee          | nimuurig.  |  | Part Print Part 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |             |
|                                       |  | W  | Date [MM/DD/YYYY] \$                                  |             |
| House #                               | Street Address   |  | Date [MM/DD/YYYY] \$                                  |             |
|                                       |  |  |   |             |
| City                                  | State  | zip Code   | Date [MM/DD/YYYY] \$                                  |             |
|                                       |  |  |   |             |
| Full Name of Co<br>Committee          | ontributing  |  | Date [MM/DD/YYYY] \$                                  |             |
| House #                               | Street Address   |  | Date [MM/DD/YYYY] \$                                  |             |
|                                       | - F. 1868-77 N   |  |   |             |
| City                                  | State  | e Zip Code   | Date [MM/DD/YYYY] \$                                  |             |
|                                       |  |  |   |             |

#### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| Filer Identification N | umber:                              |                     |                |  |          |
|------------------------|-------------------------------------|---------------------|----------------|--|----------|
| - 19、10の大学の発生を発生を受ける。  | e jugarieta                         | ···                 |                | No control of the con |          |
| Full Name of Conti     | ributor                             |                     |                | Date [MM/DD/YYYY] \$   |          |
| House #                | Street Address                      |                     |                | Date [MM/DD/YYYY] \$   |          |
| Gity                   |                                     | State               | Zip Code       | Date [MM/DD/YYYY] \$   |          |
|                        |                                     |                     |                |  | <u> </u> |
| Full Name of Cont      |                                     |                     |                | Date [MM/DD/YYYY] \$   |          |
| House #                | Street Address                      |                     |                | Date [MM/DD/YYYY] \$   |          |
| City                   | and the second second               | State               | Zip Code       | Date [MM/DD/YYYY] \$   |          |
| Full Name of Cont      | ributor                             |                     |                | Date [MM/DD/YYYY] \$   |          |
| House #                | Street Address                      |                     |                | Date [MM/DD/YYYY] \$   |          |
| City                   |                                     | State               | Zip Code       | Date [MM/DD/YYYY] \$   |          |
| Full Name of Cont      | ributor                             |                     |                | Date [MM/DD/YYYY] \$   |          |
| House #                | Street Address                      |                     |                | Date [MM/DD/YYYY] \$   |          |
| City                   |                                     | State               | Zip Code       | Date [MM/DD/YYYY] \$   |          |
| Full Name of Cont      | ributor                             | ections where their | manage and the | Date [MM/DD/YYYY] . \$   |          |
| House #                | Street Address                      |                     |                | Date [MM/DD/YYYY] \$   |          |
| City                   | en y sig gyppy arry som bridge . "" | State               | Zíp Code       | Date [MM/DD/YYYY] \$   |          |
| Full Name of Cont      | ributor                             |                     |                | Date [MM/DD/YYYY] \$   |          |
| House #                | Street Address                      | - v                 |                | Date [MM/DD/YYYY] \$   |          |
| City                   |                                     | State               | Zip Code       | Date [MM/DD/YYYY] \$   |          |

#### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

| Full Name of   |  | ······································   | Date [MM/DD/YYYY] \$                      |             |
|--|--|--|---|-------------|
| Contributing Committee   |  |  |   |             |
|  |  |  | <u> </u>                                  |             |
| House # Street   | Address                                  |  | Date [MM/DD/YYYY] \$                      |             |
|  |  |  |   |             |
|  | State                                    | Zip Code   | Date [MM/DD/YYYY] \$                      |             |
| City   | State                                    | ZIP COLE   |   |             |
|  | ALCORATE AND ALCORD                      | e de la companya de |   |             |
| Full Name of   |  |  | Date [MM/DD/YYYY] \$                      |             |
| Contributing Committee   |  |  |   |             |
| (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)  |  |  |   | <del></del> |
| House# Street  | Address                                  |  | Date [MM/DD/YYYY] \$                      |             |
|  |  |  |   |             |
| City   | State                                    | Zip Code   | Date [MM/DD/YYYY] \$                      |             |
|  |  |  | Date [MM/DD/YYYY] \$                      |             |
|  | 4  |  | , 9 <u>%%</u> @:                          |             |
| Full Name of   |  |  | Date [MM/DD/YYYY] \$                      |             |
| Contributing Committee   |  |  |   |             |
| House# Street  | Address                                  |  | Date [MM/DD/YYYY] \$                      | ·           |
| Total State of the Control of the Co |  |  |   |             |
|  |  |  |   |             |
| City   | State                                    | Zip Code   | Date [MM/DD/YYYY] \$                      |             |
|  |  |  |   |             |
| Full Name of   | 5/15/4-27/2 <del>/</del> 38/2/           |  | Date [MM//DD/YYYY] \$                     |             |
| Contributing Committee   |  |  |   |             |
|  |  |  |   |             |
| House # Street   | Address                                  |  | Date [IVIM/DD/YYYY] \$                    |             |
|  |  |  |   |             |
|  | N. Colonia                               | 10-10-10-10-10-10-10-10-10-10-10-10-10-1   |   |             |
| City   | State                                    | Zip/Code   | Date [MM/DD/YYYY] \$                      |             |
| 300 P.48   | W.S.W.                                   |  |   |             |
| Full Name of   |  |  | Date [MM/DD/YYYY] \$                      |             |
| Contributing Committee   |  |  |   |             |
|  | 1_ac_ & & & Qe80                         |  | Date [MM/DD/YYYY] \$                      |             |
| House # Street   | Address                                  |  | /Date [MM/DD/YYYY] \$                     |             |
|  |  |  |   |             |
| City   | State                                    | Zip Code   | Date [MM/DD/YYYY] \$                      |             |
|  | l lu                                     |  | 3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |             |
|  |  |  | Date [MM/DD/YYYY] \$                      |             |
| Full Name of   |  |  | PARELWINDER                               |             |
| Contributing Committee   |  |  |   |             |
| House# Street  | Address                                  |  |   |             |
| 15 15 15 15 15 15 15 15 15 15 15 15 15 1   | * 10 A A A A A A A A A A A A A A A A A A |  | Date [MM/DD/YYYY] \$                      |             |
|  |  |  |   |             |
| City   | State                                    | Zip Code   | Date [MM/DD/YYYY] \$                      |             |
|  |  |  |   |             |
|  |  | A Section 1  |   |             |

#### PART D

## **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

| Filer Identification                              |                                       |                                       |          |                      |
|---|---------------------------------------|---------------------------------------|----------|----------------------|
| Full Name of Co                                   | ntributor.                            |                                       |          | Date [MM/DD/YYYY] \$ |
| House #   | Street Address                        |                                       |          | Date [MM/DD/YYYY] \$ |
| City  |                                       | State                                 | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name<br>Employer Maili                   | ng Address /                          |                                       | 114      | Occupation           |
| Principal Place of Full Name of Co                |                                       |                                       |          | Date [MM/DD/YYYY] \$ |
| House #   | Street Address                        |                                       |          | Date [MM/DD/YYYY] \$ |
| City  | 7                                     | State                                 | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name<br>Employer Maili                   | ng Address /                          |                                       |          | Occupation           |
| Principal Place<br>Full Name of Co                |                                       | · · · · · · · · · · · · · · · · · · · |          | Date [MM/DD/YYYY] \$ |
| House #   | Street Address                        | Total Canada                          |          | Date [MM/DD/YYYY] \$ |
| City  |                                       | State                                 | Zip Code | Date [MM/DD/YYYY] 5  |
| Employer Nam<br>Employer Malli<br>Principal Place | ng Address /                          |                                       |          |                      |
| Full Name of Co                                   | - m/t                                 |                                       |          | Date [MM/DD/YYYY] \$ |
| House #   | Street Address                        |                                       |          | Date [MM/DD/YYYY]    |
| City  | E-steve a network appropriate program | State                                 | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Nam                                      | ng Address /                          |                                       |          | Occupation           |
| Principal Place                                   |                                       | <u></u>                               |          |                      |

#### PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Filer Identification N    | umber:  |                |              |   |
|---------------------------|---|----------------|--------------|---|
| Full Name                 |   |                |              |   |
| House #                   | Street Address  | ·              |              |   |
| City                      |   | State          | Zip          | Date [MM/DD/YYYY] \$  |
| <b>建制作品的存在物理的的现在分词公司的</b> | Sy642007000343  |                | Code         |   |
| Receipt Description       | on a constant of the constant |                | <b>1</b>     |   |
| Full Name                 |   |                | A-4-1-1      |   |
| House #                   | Street Address  |                | 1.2          | Hardware for the first which were the set of the latter of |
| City                      |   | State          | Zip<br>Code  | Date [MM/DD/YYYY] \$  |
| Receipt Description       | in  |                | pa 在 经间接证券 下 | 13881   |
| Full Name                 |   |                | <del></del>  |   |
| House #                   | Street Address  |                |              |   |
| City                      |   | State          | Zip<br>Code  | Date [MM/DD/YYYY]: 5  |
| Receipt Description       | on September 1  | 1-627-50 c-703 |              |   |
| Full Name                 |   |                |              |   |
| House#                    | Street Address  |                |              | Control Western Section and Record Section 1  |
| City                      |   | State          | Zip<br>Gode  | Date [MM/DD/YYYY] S   |
| Receipt Description       | on  |                |              |   |
| Full Name                 |   |                |              |   |
| House #                   | Street Address  |                |              | DECEMBER 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |
| City                      |   | State          | Zip<br>Code  | Date [MM/DD/YYYY] \$  |
| Receipt Description       |   |                |              |   |
| Full Name                 |   | ·              |              |   |
| House #                   | Street Address  |                |              |   |
| City                      |   | State          | Zip<br>Code  | Date [MM/DD/YYYY] \$  |
| Receipt Description       | on  |                |              |   |

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

| Filer Identification Number  |                        |                            |                |
|--|------------------------|----------------------------|----------------|
| 1. UNITEMIZED IN KIND CONTR  | IBUTIONS RECEIVED-VA   | LUE OF \$50,00 OR LESS PER | CONTRIBUTOR    |
| TOTAL for the reporting period   | (1)                    | \$                         |                |
| 2. IN-KIND CONTRIBUTIONS RE  | CEIVED-VALUE OF \$50.0 | 1 TO \$250.00 (FROM PART-F | <del>-</del> ) |
| TOTAL for the reporting period   | (2)                    | \$                         |                |
| 3; IN-KIND CONTRIBUTION REC  | EIVED-VALUE OVER \$25  | 0.00 (FROM PART G)         |                |
| TOTAL for the reporting period   | (3)                    | \$                         |                |
| TOTAL VALUE OF IN-KIND CONTRIBUT<br>PERIOD (Add and enter amount totals<br>on Page 1, Report Cover Page, Item F) |                        |                            |                |

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:

| 18 mar - 1940 1941 - 1949 197 1940 1944 1944 1944 19   | A CONTRACTOR OF THE CONTRACTOR |                 |  |             |
|--|--|-----------------|--|-------------|
| Full Name of Co  | ntributor  |                 | Date [MM/DD/YYYY] \$   |             |
|  |  |                 |  |             |
| Llawas #   |  | ····            | Date MM/DD/YYYY) \$  |             |
| House #  | Street Address   |                 |  |             |
|  |  | Topid & 22022AC | Date [MM/DD/YWYY] \$   |             |
| City   | State  | Zip Code        | Date[IWIW/DD/ INITI]   |             |
| 199  | AND  |                 | 1 5 6  |             |
| Description of C   | Contribution   |                 |  |             |
| Full Name of Co  | entributor.  |                 | Date [MM/DD/YYYY] \$   |             |
|  |  |                 |  |             |
| House #  | Street Address   |                 | Date [MM/DD/YYYY] \$   |             |
|  |  |                 |  |             |
| City   | State  | Zip Code        | Date [MM/DD/YYYY] \$   |             |
|  |  |                 | 100 100 100 100 100 100 100 100 100 100  |             |
| Description of C   | Contribution   |                 |  |             |
|  |  |                 | DESCRIPTION OF THE PROPERTY OF |             |
| Full Name of Co  | ontributor.  |                 | Date [MIM/DD/YYYY] \$  |             |
| AND THE PROPERTY OF THE PARTY O |  |                 |  |             |
| House #  | Street Address   |                 | Date [MM/DD/YYYY] \$   |             |
|  |  |                 |  |             |
| City   | State  | Zip Code        | Date [MM/DD/YYYY] \$   |             |
|  |  |                 | Sec.   |             |
| Description of 0   | Contribution   |                 |  |             |
| Full Name of Co  | ontributor -   |                 | Date [MM/DD/YYYY] \$   |             |
| 100  |  |                 |  |             |
| House #  | では、3000年間では、1000年には、1000年間には、1000年には、1000   |                 | Date [MM/DD/YYYY] \$   |             |
| nouse #  | Street Address   |                 |  |             |
| 7 Ya   |  | Zip Code        | Date [MM/DD/YYYY] \$   |             |
| City   | State  | ZID Code        | Bate (MM/OD/11111)   |             |
| Description of   | Contribution   |                 |  | <del></del> |
| or resident to the first   | 大汉(秦) 经 · · · · · · · · · · · · · · · · · ·  |                 | Baselin en la ferraga anteretizada   |             |
| Full Name of Co  | öntributor   |                 | Date [MM/DD/YYYY] \$   |             |
|  |  |                 |  | _           |
| House #  | Street Address   |                 | Date [MM/DD/YYYY] \$   |             |
|  |  |                 |  |             |
| City   | - State  | Zip Code        | Date [MM/DD/YYYY] \$   |             |
|  |  |                 |  |             |
| Description of   | Contribution   | 100.00.00       |  | -           |
| <b>有量数 不成</b> 数  |  |                 |  | _           |

#### SCHEDULE II Part G

## In-Kind Contributions Received

|   |  | VALUE OVER \$250                      |                             |
|---|--|---------------------------------------|-----------------------------|
| Filer Identification Number:                          |  |                                       |                             |
|   |  |                                       |                             |
| Full Name of Contributor                              |  |                                       | Date [MM/DD/YYYY] \$        |
|   |  |                                       | TANK INDOMESIA              |
| House # Street Add                                    | ress   |                                       | Date [MM/DD/YYYY]. \$       |
| City  | State  | Zip Code                              | Date [MM/DD/YYYY] \$        |
| Employer Name   |  |                                       | Occupation                  |
| Employer Mailing Address / Princ                      | loal   | · · · · · · · · · · · · · · · · · · · | Description                 |
| Place of Business                                     |  |                                       | of<br>Contribution          |
| Full Name of Contributor                              |  |                                       | Date [MM/DD/YYYY] \$        |
| House # Street Addi                                   | ress   |                                       | Date [MM/DD/YYYY] \$        |
| City  | State  | Zip Code                              | Date [MM/DD/YYYY] \$        |
| Employer Name   |  | [14.4] 新光卷 <b>福亭</b> 美国               | Occupation (                |
| Employer Mailing Address / Princ<br>Place of Business | ipal .   | · <b>W</b>                            | Description of Contribution |
| Full Name of Contributor                              |  |                                       | Date [MM/DD/YYYY] \$        |
| House # Street Add                                    | ress<br>   |                                       | Date [MM/DD/YYYY] \$.       |
| City  | State  | Zip Code                              | Date [MM/DD/YYYY] \$        |
| Employer Name   |  |                                       | Occupation                  |
| Employer Malling Address / Princ<br>Place of Business | ipal   |                                       | Description of Contribution |
| Full Name of Contributor                              | Agents to the second se |                                       | Date [MM/DD/YYYY] \$        |
| House # Street Add                                    | Tess   |                                       | Date [MM/DD/YYYY) \$        |
| City,   | State  | Zip Code                              | Date [MM/DD/YYYY] \$        |
| Employer Name   |  |                                       | Occupation                  |
| Employer Malling Address / Princ<br>Place of Business | a de Maria   |                                       | Description of Contribution |

# Statement of Expenditures

| Filer Identification Number:                |  |  |  |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| 是是有数据的1000000000000000000000000000000000000 |  |  |  |
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|   |  |  |  |

| To Whom Paid           |             |                     | Date [MM/DD/YYYY] \$ 2,595.93 |
|------------------------|-------------|---------------------|-------------------------------|
| Proforma               |             |                     | 06/09/2017                    |
| House # Street Address |             |                     | Description of Expenditure:   |
| City Cincinnati        | State<br>Oh | Zip<br>: Code 45264 | Printing                      |
| To Whom Paid           |             |                     | Date [MM/DD/YYYY] \$          |
| House # Street Address |             |                     | Description of Expenditure    |
| City                   | State       | Zip Code            |                               |
| To Whom Paid           |             |                     | Date [MM/DD/YYYY] \$          |
| House # Street Address |             |                     | Description of Expenditure    |
| City                   | State       | Zip<br>Code         |                               |
| To Whom Paid           |             |                     | Date [MM/DD/YYYY] \$          |
| House # Street Address |             |                     | Description of Expenditure    |
| City                   | State       | Zip<br>Code         |                               |
| To Whom Pald           |             |                     | Date [MM/DD/YYYY] \$          |
| House # Street Address |             |                     | Description of Expenditure    |
| City                   | State       | Zip<br>Code         |                               |
| To Whom Paid           |             |                     | Date [MM/DD/YYYY]  \$         |
| House # Street Address |             |                     | Description of Expenditure    |
| City                   | State       | Zip<br>Code         |                               |
| To Whom Paid           |             |                     | Date [MM/DD/YYYY] \$          |
| House # Street Address |             |                     | Description of Expenditure    |
| City                   | State       | Zip:<br>Code        |                               |
| To Whom Paid           |             |                     | Date [MM/DD/YYYY] \$          |
| House # Street Address |             |                     | Description of Expenditure    |
| City                   | State       | Z)p<br>Code         |                               |

#### **SCHEDULE IV**

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| Name of Creditor  House # Street Address  City State Zip  Code  Description of Debt  Name of Creditor  Flouse # Street Address  City State Zip  Code  Description of Debt  Name of Creditor  House # Street Address  DATE DESTINCURRED  (MM/DD/YYYT)  State Zip  (MM/DD/YYYT)  State Zip  (RM/DD/YYYT)  State Zip  (RM/DD/YYYT)  State Zip  (RM/DD/YYYT)  State Zip  Code  Outstanding Balance of Debt  Name of Creditor  House # Street Address  DATE DESTINCURRED  (Individual Private Priva     | File Identification |  |  |
|--|---------------------|--|--|
| House # Street Address   DATE DEST INCURRED   S   IMM/DD/YYYY   State   Zip   Code   | Name of Credito     | Yes  | Outstanding Balance of Debt                        |
| Description of Debt  Name of Creditor  House # Street Address  DATE DESTINCURRED (Substanding Balance of Debt (MM/DD/YYY)  State Zip (Code     | promise of the      |  | DATE DEBT INCURRED \$                              |
| Name of Creditor  House if Street Address    State   S     |                     | P STATE OF THE STA |  |
| Street Address   Street Address   Date Debt Included   Street Addres       | Description of D    | Pebt   |  |
| City  City  State      | Name of Credito     | 5 <b>f</b>   | · · · · · · · · · · · · · · · · · · ·              |
| Description of Debt  Name of Creditor  House # Street Address  City Description of Debt  Name of Creditor  House # Street Address  DATE DEBT INCURRED. S INCURRED Code  Description of Debt  State  DATE DEBT INCURRED Code  Outstanding Balance of Debt  State  City State  DATE DEBT INCURRED STREET Address  DESCRIPTION OF DEBT INCURRED STREET ADDRESS  DESCRIPTION OF DEBT INCURRED STREET ADDRESS  DATE DEBT INCURRED STREET ADDRESS  DESCRIPTION OF DEBT INCURRED STREET ADDRESS  DESCRIPTION OF DEBT INCURRED STREET ADDRESS  DESCRIPTION OF DEBT INCURRED STREET ADDRESS  DATE DEBT INCURRED STREET ADDRESS  STREET ADDRESS  DATE DEBT INCURRED STREET ADDRE     |                     | Street Address   | [MM/DD/YYYY]                                       |
| Name of Creditor   Street Address   DATE DEBTINCURRED   Street Address   DATE DEBTI       |                     |  |  |
| City   State   Zip   Code  | Description of D    | Debt   |  |
| City  City  Description of Debt  Name of Creditor  Flouse If Street Address  City  State Zip  Code  DATE DEBT INCURRED  [Mith/DD/YYYY]  State Zip  Code  Description of Debt  Name of Creditor  House If Street Address  DATE DEBT INCURRED  [MM/DD/YYYY]  State Zip  Code  Outstanding Balance of Debt  DATE DEBT INCURRED  [MM/DD/YYYY]  State Zip  Code  Code  Code  Code  Code  Code  Code  Street Address  DATE DEBT INCURRED  [MM/DD/YYYY]  State Zip  Code  Code  Code  Code  Code  City  State Zip  Code  Code  Code  City  State Zip  Code  Code  Code  | Name of Credito     | OT:  |  |
| City State Zip Code    Code   Code   | House #             |  | 中立 6 つく、生活には発送されたできた。とくは特殊の対象が関係しているとは関係と思うという。 第4 |
| Name of Creditor  House # Street Address  City State Zip Code  Date Description of Debt  Name of Creditor  House # Street Address  Date Description of Debt  Date Description of Debt  Date Description of Debt  City State Zip Code  Date Description of Debt  Date Description of Debt  Street Address  Date Description of Debt  City State Zip Code  Code  Date Description of Debt  Street Address  Date Description of Debt  Street Address  Date Description of Debt  City State Zip Code  City State Zip Code  City State Zip Code   | City                | 1 TO STATE SECTION OF  |  |
| House # Street Address   DATE DEBT INCURRED (MM/DD/YYYY)   State   Zip Code    Name of Creditor   Dutstanding Balance of Debt    Name of Creditor   State   Zip Code    Description of Debt   Street Address   DATE DEBT INCURRED (MM/DD/YYYY)    City   State   Zip Code    Description of Debt   DATE DEBT INCURRED   State   Zip Code    Name of Creditor   DATE DEBT INCURRED   State   Zip Code    Name of Creditor   DATE DEBT INCURRED   Street Address   DATE DEBT INCURRED   Street Address   Zip Code   State   Zip Code   Zip Code   State   Zip Code   State   Zip Code   State   Zip Code   Zip Code   State   Zip Code        | Description of D    | Debt   |  |
| City   State   Zip   Code  | Name of Credit      | or .   |  |
| Description of Debt  |                     |  | [MIM/DD/YYYY]                                      |
| Name of Creditor  House # Street Address   DATE DEBT INCURRED   \$ [MM/DD/YYYY]   \$   City   State   Zip   Code   Description of Debt  Name of Creditor   Outstanding Balance of Debt   Thouse # Street Address   DATE DEBT INCURRED   \$   [MM/DD/YYYY]   \$   City   State   Zip   Code   City   State   Zip   Code   City   City   Code   City   C |                     |  |  |
| House # Street Address   DATE DEBT INCURRED [MM/DD/YYYY]    City   State   Zip   Code    Description of Debt    Name of Creditor   Outstanding Balance of Debt    House # Street Address   DATE DEBT INCURRED   [MM/DD/YYYY]    City   State   Zip   Code  | Description of D    | Debt!  |  |
| House # Street Address [MM/DD/YYYY] State Zip. City State Zip. Code:  Name of Creditor Outstanding Balance of Debt  City State Zip. Code:  DATE DEBT INCURRED S. [MM/DD/YYYY] State Zip. City State Zip. Code:  City Code:  City State Zip. Code   |                     | manya Espana Devaletti I   |  |
| Description of Debt  |                     |  | [MM/DD/YYYY]                                       |
| Name of Creditor  House # Street Address   DATE DEBT INCURRED   \$   [MIM/DD/YYYY]   City   State   Zip   Code   Code  |                     |  | State Zip<br>Code                                  |
| House # Street Address DATE DEBT INCURRED S [MM/DD/YYYY]  City State Zip Code  | Description of I    | Debt:  |  |
| City State Zip Code  | Name of Credit      | <b>O</b> r   |  |
| City State Code Code   | House #             |  | [MM/pp/YYYY]                                       |
| The state of the s     |                     |  | State Zip Code                                     |